

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90015 016 \*\*\*150.00

DOCUMENT # P97000086510

1. Corporation Name

RIVERWALK NUTRITION CENTER, INC.

Principal Place of Business  
5707 N UNIVERSITY DRIVE  
TAMARAC FL 33321

Mailing Address  
5707 N UNIVERSITY DRIVE  
TAMARAC FL 33321

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/01/1997

4. FEI Number

65-0786052

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 5703 N UNIVERSITY DRIVE  
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 TAMARAC, FLORIDA

24 Zip 33321 25 Country USA

27 SAME

28

29 Zip Country

30

9. Name and Address of Current Registered Agent

RODRIGUEZ, MIGUEL J  
4801 S UNIVERSITY DR, STE 3000  
DAVIE FL 33328

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE  
NAME KING, JOHN  
STREET ADDRESS 5707 N UNIVERSITY DRIVE  
CITY-ST-ZIP TAMARAC FL 33321

TITLE D ☐ DELETE  
NAME YIBIRIN, BERNARDO  
STREET ADDRESS 5707 N UNIVERSITY DRIVE  
CITY-ST-ZIP TAMARAC FL 33321

TITLE D ☐ DELETE  
NAME YIBIRIN, MARIA R  
STREET ADDRESS 5707 N UNIVERSITY DRIVE  
CITY-ST-ZIP TAMARAC FL 33321

TITLE D ☐ DELETE  
NAME YIBIRIN, SERGIO  
STREET ADDRESS 5707 N UNIVERSITY DRIVE  
CITY-ST-ZIP TAMARAC FL 33321

TITLE D ☐ DELETE  
NAME YIBIRIN, GINETH M  
STREET ADDRESS 5707 N UNIVERSITY DRIVE  
CITY-ST-ZIP TAMARAC FL 33321

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-99

954-720-2626

CR2E034 (11/98)